

PART B—ISSUE FEE TRANSMITTAL

242-660

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 5 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

RECEIVED

OCT 14 1997

HOFFMAN WASSON AND GITLER
2361 JEFFERSON DAVIS HIGHWAY
SUITE 522
ARLINGTON VA 22202

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

NO

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (of 10)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/502,773	07/14/95	033	REARER, J	1205 08/15/97
First Named Applicant	HALOW,	GEORGE M.		

TITLE OF INVENTION

LAXATIVE/ANTIDIARRHEAL COMPOSITION COMPRISING POLYETHYLENE GLYCOL AND FIBER BULKING AGENT

(Date)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 A-4922	08/502,773	033	REARER, J		1205	08/15/97

11/10/1997 8:10:00 PM 08/502,773
01 FC:242 660.00 UP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Hoffman, Wasson & Gitler

2

3

DO NOT USE THIS SPACE
Burden Hour Statement: This form is designed to take 5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20531, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print type)

(1) NAME OF ASSIGNEE

(2) ADDRESS: (CITY & STATE OR COUNTRY)

6a. The following fees are enclosed:
☐ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees are to be charged:

DEPOSIT ACCOUNT NUMBER 08-2455

(ENCLOSE PART C)

☐ Issue Fee ☐ Advance Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10-14-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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